

1322 3
1-29-01

#7

DECLARATION AND POWER OF ATTORNEY FOR PATENT
APPLICATION

Attorney Docket No.: 00-P-24039

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated
below next to my name,

I believe I am the original, first and sole inventor (if only one
name is listed below) or an original, first and joint inventor
(if plural names are listed below) of the subject matter which is
claimed and for which a patent is sought on the invention
entitled: TROCAR SYSTEM HAVING SHIELDED TROCAR, the specification
of which:

(check one)

_____ is attached hereto

X was filed on May 30, 2000

as Application Serial No. 09/580,721

and was amended on June 13, 2000
(if applicable)

I hereby state that I have reviewed and understand the contents
of the above-identified specification, including the claims, as
amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material
to the examination of this application in accordance with Title
37, Code of Federal Regulation, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United
States Code, 119 of any foreign application(s) for patent or
inventor's certificate listed below and have also identified
below any foreign application for patent or inventor's
certificate having a filing date before that of the of the
application on which priority is claimed:

Prior Foreign Application(s) Priority Claimed

<u> </u>	<u> </u>	<u> </u>	[]	[]
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	[]	[]
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	[]	[]
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, 120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>29/117,520</u>	<u>1/26/00</u>	<u>Pending</u>
(Appln Serial No.)	(Filing Date)	(Status)
		(patented, pending, aban.)

<u> </u>	<u> </u>	<u> </u>
(Appln Serial No.)	(Filing Date)	(Status)
		(patented, pending, aban.)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

English Language Declaration

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: **Jeffrey S. Whittle**, Reg. No. 36,382; **Christopher F. Regan**, Reg. No. 34,906; **Herbert L. Allen**, Reg. No. 25,322; **David L. Sigalow**, Reg. No. 36,006; **Richard K. Warther**, Reg. No. 32,180; **Michael W. Taylor**, Reg. No. 43,182; **Henry Estevez**, Reg. No. 37,823; **Paul J. Ditmyer**, Reg. No. 40,455; **Carl M. Napolitano**, Reg. No. 37,405; and **Jacqueline E. Hartt**, Reg. No. 37,845 and **Mark R. Malek**, Reg. No. P46,894.

Send Correspondence to:

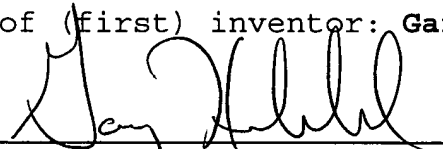
JEFFREY S. WHITTLE, ESQUIRE
ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A.
P.O. Box 3791
Orlando, Florida 32802-3791

Direct Telephone Calls to:

Jeffrey S. Whittle
(407) 841-2330

Full name of (first) inventor: **Gary Haberland**

Inventor's

Signature: 

Date: 01-03-01

Residence: **Orlando, Florida**

Citizenship: **Citizen of United States**

Post Office Address: **573 Waterscape Way**
Orlando, FL 32828

Full name of second inventor: **Sam R. Marchand**

Inventor's

Signature: _____ Date: _____

Residence: **Dunedin, Florida**

Citizenship: **Citizen of United States**

Post Office Address: **1170 Robmar Rd.**
Dunedin, FL 34698

Full name of third inventor: **Steve Nilson**

Inventor's
Signature:  Date: 1/11/01

Residence: **Ocala, Florida**

Citizenship: **Citizen of United States**

Post Office Address: **2170 Southeast 38th Street**
Ocala, FL 34480

Full name of fourth inventor: **Robert Sean Hagen**

Inventor's

Signature:_____ Date:_____

Residence: **Winter Park, Florida**

Citizenship: **Citizen of United States**

Post Office Address: **413 S. Lakemont Ave.**
 Winter Park, FL 32792

Full name of fifth inventor: Bennie W. Gladdish, Jr.

Inventor's
Signature: Bennie W. Gladdish, Jr. Date: 01/05/01

Residence: Odessa, Florida

Citizenship: Citizen of United States

Post Office Address: 10521 Lake Williams Dr.
Odessa, FL 33556

MRD
1-29-01

#6

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: HABERLAND ET AL.

Attorney Docket No.: 24039

Serial No.: 09/580,721

Filed: May 30, 2000

For: TROCAR SYSTEM HAVING SHIELDED TROCAR

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9 (F) AND 1.27(C)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act
on behalf of the concern identified below:

NAME OF CONCERN: GeniCon, LC

ADDRESS OF CONCERN: 573 Waterscape Way
Orlando, FL 32828

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either directly or indirectly one concern controls or has the power to control the other or a third party or parties controls or has the power to control both.

I hereby declare that the rights under contract or law have been conveyed to and retain with the small business concern identified above with regard to the invention, entitled: **TROCAR SYSTEM**
HAVING SHIELDED TROCAR by the inventor described in:

[] the specification filed herewith
[X] Application Serial No. 09/580,721, filed May 30, 2000.
[] Patent No.: _____, issued _____.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME: _____
ADDRESS: _____

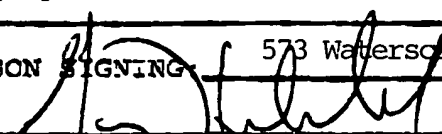
[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

NAME: _____
ADDRESS: _____

[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statement and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Gary Haberland
TITLE: Managing Member
ADDRESS OF PERSON SIGNING: 573 Waterscape Way, Orlando, FL 32828
SIGNATURE:  DATE: 1-24-01

1-31-92

PATENTS ONLY

Patent & Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Gary HaberlandSteve NilsonBennie W. Gladdish, Jr.

2. Name and address of receiving party(ies):

Name: GeniCon, LCAddress: 573 Waterscape WayOrlando, Florida 32828

Additional name(s) of conveying party(ies) attached () Yes (X) No

3. Nature of Conveyance:

(X) Assignment

() Merger

() Security Agreement

() Change of Name

() Other _____

Execution Date: 1/3/01; 1/11/01; 1/05/01 respectively

Additional name(s) and address(s) attached? () Yes (X) No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent application No.(s)

09/580,721

B. Patent No.(s)

Additional numbers attached? () Yes (X) No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Jeffrey S. Whittle, Esq.Internal Address: P.O. Box 3791Street Address: 1401 Citrus Center255 South Orange Ave.City: OrlandoState: FloridaZip: 32802-3791

6. Total number of applications and patents involved: [1]

7. Total fee (37 CFR 3.41).....\$ 40.00

[] Enclosed

[X] Authorized to be charged to deposit account.

8. Deposit Account Number:

01-0484If any additional extension and/or fee is required,
or, if any additional fee for claims is required

01/31/2001 CVDORACHA 00000152 010484 09580721

03 FC:581

40.00 CH

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Jeffrey S. Whittle

Name of Person Signing

Signature

January 24, 2001

Date

Total number of pages including cover sheet, attachments and document: [3]

A S S I G N M E N T

WHEREAS, Gary Haberland of Orlando, Florida; Sam R. Marchand of Dunedin, Florida; Steve Nilson of Ocala, Florida; Robert Sean Hagen of Winter Park, Florida; and Bennie W. Gladdish, Jr. of Odessa, Florida hereinafter referred to as **ASSIGNORS**, have made certain improvements or inventions in **METHODS OF HANDLING AND USING A TROCAR SYSTEM**, for which **ASSIGNORS** have executed an application for United States Letters Patent filed on in the United States Patent and Trademark Office on May 30, 2000 as U.S. Patent Application Serial No. 09/580,721; and

WHEREAS, **GENICON, LC**, a Florida corporation, hereinafter referred to as **ASSIGNEE**, is desirous of acquiring the same;

NOW THEREFORE, This Indenture Witnesseth: That for good and valuable consideration, receipt whereof is hereby acknowledged, said **ASSIGNORS** do hereby sell, assign and transfer to said **ASSIGNEE**, its successors and assigns, all right, title and interest in and to said United States Patent application, the invention or inventions therein shown and described and any improvements on said inventions heretofore or hereafter made, any divisions or continuations of said application, and all patents, United States and foreign, to be granted upon any such application or for the invention or inventions thereof, and any reissues, continuations or extensions of said patents; and said **ASSIGNORS** do hereby authorize and request the Commissioner of Patents to issue all patents on said United States Patent applications or for the invention or inventions hereof, in accordance with this assignment.

IN WITNESS WHEREOF, I have hereunto set my hand
and seal this _____ day of _____, 2001.

Sam R. Marchand

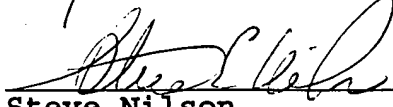
State of _____ :
 : ss.
County of _____ :

On this _____ day of _____, 2001,
before me personally appeared the above-named ASSIGNOR, **Sam R.
Marchand**, to me personally known/provided identification
(_____) as the individual who executed
the foregoing assignment, and who acknowledged to me that he/she
executed the same of his/her own free will for the purposes
therein set forth.

S E A L

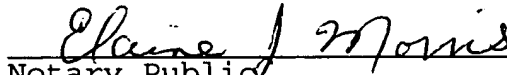
Notary Public
My commission expires:

IN WITNESS WHEREOF, I have hereunto set my hand
and seal this 11 day of JANUARY, 2001.

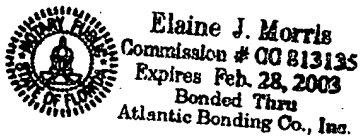

Steve Nilson

State of _____ :
: ss.
County of _____ :

On this 11 day of January, 2001, before
me personally appeared the above-named ASSIGNOR, **Steve Nilson**, to
me personally known/provided identification
(personally known) as the individual who executed
the foregoing assignment, and who acknowledged to me that he/she
executed the same of his/her own free will for the purposes
therein set forth.


Notary Public
My commission expires:

S E A L



IN WITNESS WHEREOF, I have hereunto set my hand
and seal this _____ day of _____, 2001.

Robert Sean Hagen

State of _____ :
County of _____ : ss.

On this _____ day of _____, 2001, before me personally appeared the above-named ASSIGNOR, **Robert Sean Hagen**, to me personally known/provided identification (_____) as the individual who executed the foregoing assignment, and who acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.

S E A L

Notary Public
My commission expires:

IN WITNESS WHEREOF, I have hereunto set my hand and seal this
5 day of JAN, 2001.

Bennie W. Gladdish, Jr.
Bennie W. Gladdish, Jr.

State of Florida :
County of Polk : ss.

On this 5 day of JAN, 2001, before
me personally appeared the above-named ASSIGNOR, **Bennie W.**

Gladdish, Jr., to me personally known/provided identification
(FDCH 643207963137) as the individual who executed
the foregoing assignment, and who acknowledged to me that he/she
executed the same of his/her own free will for the purposes
therein set forth.

S E A L



Tracy Moran
Notary Public
My commission expires: